

32 Procedure: Medical cases for removal

This section contains information on medical cases for removal and requesting medical information for the destination countries of persons under a removal order.

32.1 Medical Requirements necessary for Removal (MRR)

All MRR requests must be forwarded to [redacted] for action, accompanied by all relevant information, documentation and consent forms. Removal Operations will forward the requests on to the CBSA Medical Contractor. The CBSA Medical Contractor will provide an assessment within 48 hours of the request. Removal Operations will send the assessment to the requesting officer within 24 hours (excluding weekends) of receipt. Should a backlog of requests occur, MRRs will be issued based on removal date.

Presently, all MRR requests can be forwarded to CBSA Removal Operations in an email format.

32.2 Requesting information from IRCC Migration Health Branch (MHB)

Destination country information

Unlike the MRR assessments that may result in a short term deferral of removal, foreign nationals who allege that removal may cause death or irreparable harm due to a lack of critical medical care in the country of removal are, in fact, requesting to stay in Canada indefinitely. IRCC MHB provides updates of medical services available for the destination country of interest to Removal Operations. CBSA officers who require this information in response to a client's claim that the required services are not available should contact

Clearly indicate in your email that your request is in relation to a removal order, the country of destination, and the medical condition of concern.

When foreign nationals claim a possible risk upon return due to inadequate medical care and the enforcement officer has determined that sufficient evidence exists, foreign nationals should be directed to apply for H&C considerations and return to the CBSA removal office within 30 days with proof that such application was submitted in order to have their unexamined risk assessed prior to removal. 2017-02-24 70

In the interim, should a deferral request include both MRR and inadequate medical care in the destination country factors, please direct the foreign national to submit an H&C application first. The MRR will only be requested if IRCC renders a negative decision on the H&C application.



Request for Medical Escort

Name:
Removal Date:

FOSS ID:
Transit Points? Yes No If yes, please list:

Detailed description of medical condition:

Please list medications required for the client:

Have you attached a copy of any medical records, letters or notes to this request for escort? Yes N/A If yes, please ensure TMU has received a copy.

Is a medical update required? Yes No

If yes, please explain:

Is the client detained? Yes No If yes, please list the detention facility
What type of medical treatment is the client receiving in detention?

Is the client in a mental/psychiatric institution or hospital? Yes No
If yes, please provide name of hospital and contact number .

Is there a history of client violence? (to themselves or others) Yes No

If yes, please describe:

If yes, would they consent to taking a sedative administered by a nurse? Yes No

Has the client been deemed medically fit to fly? Yes No

Does the client require medical supervision? Yes No

If yes, please detail:

Does the client require the administration of medication? Yes No

Does the client require assistance with daily needs?

i.e. eating, toileting, mobility, exercises Yes No

Does the client have special needs re airline/transit point? Yes No

If yes, please provide details:

Does the client have medication for the flight and post-removal period? Yes No

Can the client administer his or her own medication after removal? Yes No

If not, what provisions have been made?

Reception for client in destination country:

Phone number of reception:

Are additional enforcement officers required to assist with boarding the flight?

Yes No

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18.01.01 The TIHC medical unit is operational 24/7 and staffed by registered nurses, doctors, psychologists, and psychiatrists. All detainees are assessed by the medical staff upon initial admission to the TIHC, as well as throughout the duration of their detention on an as-needed basis. The following procedures have been established in order to ensure the health and safety of staff and detainees.

MEDICAL PROCEDURES FOR NEW ADMISSIONS TO THE TIHC

18.01.03 Medical Forms and Documentation

18.01.04 Detainees admitted to the TIHC will be admitted to the institution with a National Risk Assessment for Detention (NRAD) form and a Detainee Medical Form completed by the arresting officer.

18.01.05 The Medical Screening Form will be completed by A&D officers as part of the admissions procedure.

18.01.06 The completed Medical Screening Form and Detainee Medical Form will be forwarded to the medical unit together with any medication that was admitted with the detainee.

18.01.07 A copy of the NRAD, Detainee Medical Form, and Medical Screening Form shall be placed on the detainee's TIHC file.

18.01.08 Detainee Medication

18.01.09 All incoming medication (prescription drugs, over-the-counter drugs, herbal remedies and supplements) must be logged and itemized on the Property Receipt Form - Imm 5041B (see Appendix Z). This includes medication admitted with the detainee, as well as medication admitted after the detainee's initiation admission.

18.01.10 For instance, medication will be logged in the following manner: 1 pack of Metformin, 5 bottles of Advil, 2 boxes of unknown pills, 1 bottle of multivitamins, 8 blue pills in zip-lock bag, etc. Prescription drugs must be logged according to their labels.

18.01.11 All medications will be secured in a clear plastic property bag and handed over to the medical unit for assessment. The following information will be notated on the property bag:

- Date of admission
- Detainee's name
- UCI number (FOSS number)
- Log number
- Room number

The TIHC Nurse on duty will review all incoming medication before making a determination as to whether the medication will be dispensed at the medical unit, or whether it will be returned and stored in the detainee's property.

DETAINEE MEDICAL ASSESSMENT

18.01.13 All detainees will be assessed by TIHC health care staff upon initial admission to the TIHC.

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18.01.14 The newly-admitted detainee will be brought to the medical unit immediately after decontamination, together with any incoming medication, medical screening form, and the Detainee Medical Form BSF 674. The medical unit will then decide if the detainee can be placed in general population.

18.01.15 Subsequent assessment of detainees will be determined by health care.

18.01.16 Detainees who wish to be seen by medical staff must fill out a Request for Medical Care Form available at their post. Post security officers are required to deliver request forms to the medical office as soon as reasonably practicable.

18.01.17 All detainee movement to the medical unit must be initiated by medical staff.

WET CELL DETAINES

18.01.19 Medical assessment and dispense of medication for wet cell detainees will take place in the wet cell area, in the presence of the security supervisor and security guard assigned to the area.

MEDICAL PROCEDURES FOR RELEASE

18.01.21 If the release or transfer from the TIHC is initiated by a CBSA IEO on site, the IEO will inform the medical unit of the detainee's pending release.

18.01.22 If the release or transfer is initiated by an off-site IEO (i.e. EIOD, Terminals, Duty Manager's authorization after hours), the security supervisor will be responsible for informing the medical unit of the detainee's pending release/transfer.

18.01.23 The security officer escorting the detainee from Post 1 to A&D will stop by the medical unit and pick up any medication that will be released with the detainee.

18.01.24 A&D officers must ensure that detainees are released from the institution with all their medication.

MEDICAL ISOLATION

18.01.26 Detainees may occasionally be placed in a room in the Private Living Unit (PLU) for the purpose of medical isolation. Medical staff will make the determination to place detainees in PLU.

18.01.27 Once a determination has been made to place a detainee in PLU for medical reasons, the nurse shall inform security supervisor and CBSA via email the reason for the placement, as well as any necessary precautions that need to be taken by security staff.

18.01.28 The security supervisor must relay any necessary precautions that need to be taken to the guards assigned to PLU.

18.01.29 The PLU room shall be thoroughly searched prior to the detainee being moved.

18.01.30 No items will be allowed in the detainee's unsupervised possession that could potentially be used for self-injury.

MEDICAL EMERGENCIES

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18.01.32 Medical emergencies taking place in an area other than the medical unit will be announced on the radio as "Code Blue". The security supervisor will then escort the medical staff to attend to the detainee at the location where the emergency is taking place.

18.01.33 DISPENSING OF MEDICATION

18.01.34 All medication will be dispensed by health care staff at the medical unit.

18.01.35 DISPENSING OF NON-MEDICAL SUPPLEMENTS

18.01.36 All non-medical supplements brought in by detainees will be assessed by health care staff.

18.01.37 Vitamins authorized by the medical unit will be clearly labelled with intake instructions and placed in A&D. A copy of the signed Medication Release Form will be provided by medical and placed on the detainee's A&D file.

18.01.38 A&D staff will facilitate the dispensation of authorized vitamins according to instructions issued by medical. Detainees will sign and date on the log sheet attached to the medication release form. A&D staff will witness on the log sheet.

18.01.39 Non-medical supplements not authorized for intake by the medical unit will be placed in a clear CBSA property bag and labelled as such. The bag will then be stored in the detainee's property. The detainee shall not have access to these supplements while detained at the TIHC.

18.01.40 OFF-SITE REFERRALS

18.01.41 TIHC medical staff will inform CBSA and Security Supervisors with any appointments made off-site for detainees.

18.01.42 Security Supervisors are responsible for ensuring that a transport crew is assigned to escort the detainee to and from their appointments.

18.01.43 HEALTH CARE STAFFING AND SCHEDULE

18.01.44 Registered nurses are on site 24/7 on a rotating 8-hour schedule:

18.01.45 Doctors are on-site 3 times a week for a period of 4 hours per visit.

18.01.46 A psychologist is on site 6 hours a week.

18.01.47 A psychiatrist will be on-site on an as-requested basis.

18.01.48 Please see Appendix B for Health Care Contact Information (distribution restricted to Security Supervisors and Manager).

18.01.49 INFECTIOUS DISEASE AND PESTS

18.01.50 Medical staff shall issue instructions regarding what precautions to take when housing detainees with an infectious disease. For the safety and well-being of all staff and detainee, security officers must follow all instructions from medical staff.

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18.01.51 Bed Bugs and Pests

18.01.52 If any bugs or insects (e.g. bed bugs, lice, cockroaches, etc.) are found in a detainee's belongings or clothing, those belongings shall not be admitted into the TIHC.

18.01.53 The infected items shall be discarded with the detainee's permission, or placed in large garbage bags and tied and placed in the sally-port area.

18.01.54 The detainee concerned shall not retrieve clothing from their belongings. They will be provided with clothing from the TIHC.

18.01.55 Whenever bed bugs, lice, fleas, etc. are found, security supervisors shall inform the TIHC manager and/or Duty Manager, and take direction from the manager in case any other staff members need to be informed of the situation.

18.01.56 Detainee with bed bugs, lice, scabies, etc. shall be referred to the medical office for treatment.

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04.03.01 Identification of Potential Suicide Risk

04.03.02 Detainees may be identified as a potential suicide risk at any point during their detention. It is imperative that all security personnel pay close attention to the behaviour and demeanor of detainees, and inform the Security Supervisor and CBSA immediately if they suspect that a detainee is potentially suicidal.

04.03.03 While the Security Officer may not be aware of the detainees' circumstances, the following are a number of behavioural indicators that should raise red flags for the Security Officer interacting with the detainee on a daily basis:

04.03.04 Any detainee who is suspected of being potentially suicide must be referred to the on-site medical staff.

04.03.05 The TIHC manager and IEO's must be informed of all the potentially suicidal detainees.

04.03.06 Suicide Watch

04.03.07 When a detainee is assessed by medical personnel, and found to be suicidal or potentially suicidal, the Security Supervisor shall ensure that:

- The detainee is moved to the room directly across from, or closest to the guard's post
- Security personnel located at the post must be instructed as to the security precautions and relative observations that apply to the detainee
- Security personnel located at the post must complete a visual physical observation of the detainee at least once and record all observations in the suicide watch report
- Security personnel are briefed with respect to the detainee on suicide watch at the commencement of each shift

04.03.08 Guards are expected to maintain careful observation of a detainee on suicide watch.

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04.03.09 A detainee can only be removed from a suicide watch on the written instructions of a physician or TIHC manager.

04.03.10 **Authorized Use of Restraints**

04.03.11 If necessary, the use of restraining equipment such as , is authorized to prevent self -harm.

04.03.12 Immediately following application of restraints, health-care personnel will examine the detainee.

04.03.13 **Log Book Entries and Suicide Watch Report**

04.03.14 Security personnel assigned duties to the post observing a suicidal detainee will, upon assuming duties:

- Complete a visual physical observation of detainees on suicide watch and make entry about detainee's condition in the post log.
- Ensure the detainee is checked at intervals not greater than or, as directed by the assessing medical personnel and record all observations in the suicide watch report
- Before proceeding on break and at the end of shift, brief oncoming staff with all pertinent information applicable to suicidal detainees and update the post log.